HEART SURGERY IN FRANCE*

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IT is both a pleasure and an honor to have been invited to participate in this meeting of the Academy and to speak a few words in front of this chosen audience.

I would like to discuss the balance sheet of cardiac surgery, not only as a surgical specialty, but as it is practiced in my country.

During the last 30 years this new branch of surgery has reached its full development and has given a possibility of cure to many patients suffering from heart disease, either by palliative means or by complete correction.

During these three decades new centers of cardiac surgery have been built in France in such a way that approximately 35 centers, either new or remodeled, offer good medical or surgical heart care to 55 million French people. That is, one center works for an average of 1.5 million people.

Each center is staffed by a team which has the experience of several thousand open heart operations. Each center has a full-time salaried staff, who are also allowed a small amount of private practice, which represents 8% of all beds in the center itself.

The system has proved excellent because all teaching facilities are provided the team. These cardiac units are located in such a way that big cities such as Paris, Lyon, Marseille, and Bordeaux are no longer the only cardiac centers, as they were in the past.

But this new map of heart surgery in France explains why the number of native-born patients operated upon in the big cities is decreasing and why the number of foreign patients is increasing; for instance, in my service, in Paris, 36% of the patients during 1977 were foreign-born.

The number of cases of congenital heart disease has considerably diminished during the last decades because almost all the patients who were on the waiting list have been operated on. But, on the other hand, it is likely, at least in my country, that neonatal surgery will not increase very

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much because of two factors: first, the palliative character of many operations performed during the first days or months of life does not offer good long-term results, and, second, because of abortion facilities and the diminution in the birth rate we have observed for approximately the past 10 years.

In the field of acquired heart disease we have observed an almost complete disappearance of rheumatic heart disease, that is to say, the longer we go the fewer heart valves we have to replace, except for foreign patients from countries in which rheumatic disease is still a disaster.

But we can see that, thanks to oil profits, several underdeveloped countries have built modern cardiac centers, with all facilities. Such centers are already working in Teheran, Amman, Ryad, and elsewhere.

Coronary artery surgery has probably seen the most extraordinary development of the whole field of cardiac surgery, especially in the United States. Besides your main centers, many small units have been built for coronary surgery, and small community hospitals were encouraged to prepare for coronary artery surgery and extracorporeal support. The result has been that, during 1977, 80,000 coronary disease patients were operated on in your country. We might compare this with my country, where fewer than 1,000 cases were operated on during the same year because from the beginning we have considered the aortocoronary bypass as, of course, one interesting but palliative operation, which was unable to increase the length of life. And now the Veterans Administration's randomized study and the multicenter inquiry have proved that the saphenous vein bypass is an excellent weapon against pain, but that it has no effect on the duration of life.

In other words, cardiac surgery has reached a plateau and has probably ceased growing: it is likely that coronary surgery will not increase the number of operated patients, be they acute or chronic. According to the decrease in the number of congenital and valvular heart cases, increasing activity of cardiac centers depended only upon coronary surgery.

Does this mean that cardiac surgery will soon have to face dark days?

I do not think so, because prediction of the future, even by the best specialists, can be wrong and because a new field can be opened fairly rapidly in cardiac surgery.

Coronary bypass operations will not disappear because, despite a few pessimistic conclusions, many patients still believe in them, and because common trunk lesions remain a good indication, as does unstable angina,

which cannot be relieved, as do ventricular aneurysms, postinfarction ventricular septal defects, and mitral insufficiency.

In the valvular surgical field we must admit that the ideal valve does not exist, and that is something very important to know when one discusses the development of an artificial heart.

Much remains to be done in the field of heart transplantation because in most cases one cannot control the rejection phenomenon and it is certainly not the grafting of a chimpanzee heart that will bring the solution.

In conclusion, I would like to emphasize, since my medical side takes over from my surgical one, that above surgery is science, which will one day deliver us from surgery.